book as excellent, and one the writing of which will redound to the credit of the author. This, like all the other clinical manuals issued by this firm, possesses one preëminent advantage, viz., that, however much the views of the authors may differ from those we, or others, hold, the opinions are enunciated by those who have been taught by extensive experience, and not by ambitious writers, who, desirous of the name author, are too often evidently first becoming acquainted with their subject when studying the literature relating to it. C. B. N.

RECENT WORKS ON THE TREATMENT OF THE INSANE.

1. THE CURABILITY OF INSANITY: A SERIES OF STUDIES. By PLINY EARLE, A.M., M.D., Late Superintendent of the State Lunatic Hospital, at Northampton, Massachusetts, etc. 8vo. pp. 232. Philadelphia: J. B. Lippincott Company, 1887.

2. THE PRIVATE TREATMENT OF THE INSANE AS SINGLE PATIENTS. By EDWARD EAST, M.R.C S., L.S.A., Member of the Medico-Psychological Association. 12mo. pp. 68. London: J. & A. Churchill, 1886.

3. INSANITY AND ALLIED NEUROSES: PRACTICAL AND CLINICAL. By GEORGE H. SAVAGE, M.D., M.R.C.P., Physician and Superintendent of Bethlem Royal Hospital, etc. 12mo. pp. viii. 544, with 19 illustrations. Philadelphia: Henry C. Lea's Son & Co., 1884.

1. DR. EARLE, one of two survivors of thirteen physicians who founded the Association of Superintendents of American Institutions for the Insane, has presented in this volume a series of "studies" on the curability of insanity. Connected as he has been as a medical officer with one asylum, as a medical superintendent of two asylums and with the literature of insanity for a period of more than forty years, whatever he may state at the close of a long and honorable service is entitled to respectful consideration. The purpose of the author is to correct erroneous impressions that might be drawn from the earlier reports of American asylums of the curability of insanity, and to ascertain the results which more extended experience has since established. In this direction the author may be said to have done an excellent work, and to have presented a successful and exhaustive arraignment and impeachment of earlier reported asylum results.

The book comprises eight so-called "studies," which have been read before the New England Psychological Society, or have appeared in the annual reports of the Northampton (Mass.) Hospital. "They have thus been an important agent in stimulating the minds of philanthropists to seek—and in several notable instances to adopt—other methods for the custody and care of a large part of the insane than that of collecting them in expensive and unwieldy curative institutions."

In 1820, Dr. Burrows, of England, reported the proportion of recoveries of all cases treated by him, 81 in 100; of recent cases, 91 in 100. In 1826-27, Dr. Todd, of the Retreat, Hartford, reported that of twenty-eight recent cases twenty-five recovered, equal to eighty-nine per cent.

Dr. Woodward, of the Worcester, Massachusetts, Asylum, says in 1837, "per cent. of recent cases discharged recovered, of less duration than one year, eighty-nine, and in his report in 1841, ninety one per cent. recovered." Dr. Galt, of Virginia, reported in 1842 an equal result, and that the West might not be outdone, or charged with doing its scientific work on a contracted scale, Dr. Awl, of Ohio, in 1843, "unpretentiously reported" his achievements of one year, as follows: "per cent. of recoveries on all recent cases discharged, one hundred." Dr. Earle in a report of the Bloomingdale Asylum for 1844, states that "when the proper remedial measures are adopted in the early stages of the disorder, no less than eighty of every hundred are cured."

Since the "summit of the maximum wave of the highest possible high-water point was gained" in the record of cures, there has been a steady decline of the per cent. of reported recoveries. Dr. Earle devotes a chapter to the "ebbing tide" to explain in part the sources of error in the early hospital reports in this and other countries, and to present some conclusions as to the curability of insanity. It is shown:

> "1. The reported recoveries from insanity are increased to an important extent by repeated recoveries from the periodic or recurrent form of the disease in the same person; and consequently,
>
> "2. The recoveries of *persons* are much less numerous than the recoveries of *patients* or *cases*; and, consequently,
>
> "3. From the number of reported recoveries of *cases* or *patients*, it is generally impossible to ascertain the number of *persons* who recovered.
>
> "4. The large proportion of recoveries formerly reported was often based on the number of patients *discharged*, instead of the number *admitted*, and *generally*, upon the results in a number of cases too small to entitle the deduction therefrom of a general formula of scientific truth; and those proportions were evidently increased by that zeal and rivalry which frequently characterize the earlier periods of a great philanthropic enterprise."

To illustrate, the data from which Dr. Earle has drawn his deductions are furnished from an analysis of the operations of the Friends' Asylum, by Dr. Worthington, and reports of other asylums. One thousand and sixty-one recent *cases* were admitted into the Friends' Asylum during a period of fifty-nine years of which sixty-five per cent. recovered, but these *cases* were not *persons* and eighty-seven of the persons recovered two hundred and seventy-five times, or one hundred and eighty-seven times more than the number of persons. At the Hartford Retreat five persons furnished fifty-four recoveries; at the Bloomingdale Asylum five persons furnished eighty-five recoveries; at the Worcester Hospital two sex groups of five each one hundred and thirty-six recoveries; and in one other hospital one person furnished thirty-four recoveries. While these are probably extreme illustrations, it appears on examination that of 11,000 cases admitted into the Worcester Hospital, the number of persons was only 8204, and a similar result might probably be shown in the statistics of other hospitals.

Turning to a later period, the author, in the concluding chapter, proposes to show the results of treatment in a large number of foreign and domestic institutions, bringing our knowledge to a recent date, and presents what may be considered the hospital work accomplished at the present day. For this purpose he uses the statistics of forty-six English and Scotch asylums from 1872 to 1882 inclusive, published by T. P. Chapman, England, in the *Journal of Mental Science* for July, 1884. The collection embraces 93,543 cases, of which 35,468, or 37.9 per cent. of the whole number of admissions, recovered.

Considered with reference to the duration of less than one year 69,983 cases are classified as follows:

First attack, less than three months,	38,283	Recoveries,	18,654	Per cent.	48.72
" " three to twelve months,	12,126	"	3,421	"	28.21
Not first attack, less than twelve months,	19,574	"	10,494	"	53.61
Totals,	69,983		32,569		43.51

The American result is ascertained by taking the recoveries reported at twenty hospitals at three periods of their existence, viz., the first five year period dating from the opening of the asylum; the second five year period begins with 1871; and the third period of five years begins with 1880.

Aggregate admissions first period,	14,516	Recoveries,	6,689	Per cent.,	46.08
" " second period,	24,383	"	8,354	"	34.26
" " third period,	23,052	"	6,896	"	29.91
Whole number,	61,951	"	21,939	"	36.71

At fifty-eight American institutions the whole number of patients admitted in one year, 1884, was 14,372, of which 27.88 per cent. recovered.

Dr. Earle has done a good work in his successful effort to point out sources of error in the statistics of insanity which appear to have had their origin in the New England States, and with his early contemporaries. For more than twenty years, however, they have been recognized and avoided by the leading hospitals of the country. While the per cent. of reported recoveries has been steadily declining, the fact might have been properly ascribed to a limited knowledge of the nature of insanity that existed at an earlier day; to preference in admission given to recent cases and exclusion of chronic cases; to the increased number of hospitals at the present day, and the distribution of the limited number of recent cases among a larger number of asylums; the retention of chronic cases in the asylums to a greater extent than ever before, and not to a decline in the means or skill in the treatment of the insane. As a matter of fact, never in the history of the care of the insane were they treated in a more enlightened and humane manner, or with more knowledge and intelligence. We may go even further and express the conviction that recent cases of the present day are more successfully treated than at any previous period. A perusal of the book may tend to a pessimistic view of the whole subject, yet such an impression was hardly intended to be conveyed by the author. We must accept his purpose to furnish an argument sustained by statistics which he believes has already "caused a very important change in the statistical methods of Massachusetts, in this country, Great Britain, and in Europe."

2. Mr. East assumes that treatment in the patient's own home will be first attempted, " but, as a rule, will fail because of the many familiar ways and habits of the home, where the patient has been accustomed to command, and to do as he pleases," and concedes that if the patient is not so ill as to be confined to one room it is generally best to intrust him to the care of a medical man in a house with trained attendants selected by him, which is to be understood as the author's plan for the private treatment of the insane.

Several reasons are furnished for preferring the private method of treating cases of unsound mind:

> "First, greater secrecy; second, the stigma of having been an inmate of an asylum is obviated; thirdly, patients recover quite as satisfactorily and more quickly if not compelled to mix with others similarly afflicted; fourthly, the exercise of a little care will, in many instances, insure the return of the patient to his home without any of his acquaintances becoming aware of the reasons that have led to his absence; fifthly, that each case receives more individual attention at the hands of the medical man and attendants employed, and there is a better chance of his getting the exact treatment suitable to his case, a practical impossibility in an institution numbering its patients by hundreds."

If for any reason the patient is not a suitable case for private treatment, the author prefers an excellent hospital for the insane to a private asylum.

Strangely enough, none of the reasons presented seem to have been founded on the results of professional experience definitely ascertained. They are rather a concession and deference to the private feelings and interests of the friends of patients which naturally exist, and to ill-founded traditional prejudice against established hospitals prevalent in the public mind. The chapters devoted to "Selection of Attendants," "Treatment," and "Tact," contain no suggestions which are not, or may not be, as well or better carried out in organized hospitals with a larger plant and resources, than any system of private treatment can afford. If, as is alleged, the insane person may awaken to reason and be shocked to find himself surrounded by the insane in a hospital, so it may be supposed he may awaken to find himself in a strange house surrounded by strangers, a close prisoner perhaps without the warrant or sanction of law. Both of these supposed awakenings may, however, be regarded as extremely hypothetical, as all experience shows that changes are usually gradual and not sudden.

The detention of insane persons, singly, in private houses is a responsibility that may be intrusted to a very limited number of persons without risk of abuse. Yet experience has shown that it is wiser and safer for all concerned that single, private care of the insane in houses, other than in their own homes, should have the sanction of law and the supervision of State officers. Of the results of private treatment of the insane the author has made no statement from which its value may be estimated. In the last report of the English Commissioners of Lunacy may be found the proportion of per cent. of recoveries to admissions for the year, which is presented in this connection:

County asylums	42.26	Registered hospitals	45.66
Metropolitan licensed houses . .	39.07	Provincial licensed hospitals . .	36.48
Private single patients . . .	10.83		

The book has no special suggestions or advantages to offer for the benefit of the insane of the indigent or middle class, but is in the line of improved care of the insane of the private class who are able and willing to pay a large weekly charge. It is also to be accepted as a mild protest against some of the acknowledged defects of the existing hospital system which time and improved plans will correct. J. B. C.

3. The name Bedlam is so inseparably connected with, and made a part of the history of the treatment of the insane, and so much that has

redounded to the credit of England's lunacy administration received its birth and impetus in the revelation of the practices of old Bedlam, that it seems eminently fitting that from modern Bethlem a clinical text-book should be evolved, replete with ideas and suggestions for the better care and treatment of the insane. As one of the editors of the *Journal of Mental Science*, the organ of the British alienists, Dr. Savage has for a long time been known as a man of progressive ideas; but it is, perhaps, as a clinical teacher at Guy's, and in the wards of his own hospital, that his work has been most effective, if not the most widely known.

The work under consideration is the result of an attempt to "take stock" of a mass of observations and deductions accumulated during the experience of twelve years as a superintendent of a hospital for the insane, and a lecturer on insanity, and, as would be expected, is of a very practical nature.

Dr. Savage is met at the outset by the same difficulty which all writers upon mental disorders have encountered, when he attempts to define insanity. From a medical standpoint, he says it is to be considered "a disease of the brain." Would not it be more in accordance with the facts to say a symptom of a disease of the brain? To borrow from the author's own words, "sanity" and "insanity" are words which we use to designate certain conditions, neither of which can be rigidly confined within the bounds of a definition, and as we regard sanity as the condition resulting from the normal action of a healthy brain, so we must consider insanity as the symptom of a diseased brain, and not as the disease. Dr. Savage says, in discussing this point:

> "A man in fact must be considered as sane, or insane, in relation to himself. The old, and oft-repeated statement that insanity is a perversion of the *ego*; is absolutely true. Sanity and insanity, then, are to be measured by differences or changes of habit, taste, and disposition in the individual, as well as by other symptoms of change in the nervous centres. The difference will necessarily be seen to be not only one of degree, but one of time, so that a man being sane now may be insane within a longer or shorter period. I shall take it for granted that insanity depends upon change in the nervous structures of the body; but by no means shall I restrict the causation of insanity to changes in the brain alone. . . . . But the more I see of insanity the more convinced I am that the consideration of mental disorder can only be fairly approached by the complete consideration of general physiology—*i. e.*, the development, growth, and decay of the body in all its parts."

The subjects of eccentricity and genius are touched upon, incidental to the general subject of insanity. Eccentric people are divided into two classes: 1. Those having a neurotic inheritance, and who are, in fact, on the border-land of insanity, and 2. Cases developed *de novo*, who pass through life without any marked access of mental disturbance. The classification adopted by Dr. Savage shows at once that he approaches the subject from a clinical standpoint, and that he does not propose to lumber up his work or confuse his readers with the fine and unnecessary divisions and subdivisions so much affected by dilettante writers.

From our present knowledge of insanity and the pathological processes which lead up to it, it necessarily arises that any scheme of classification must be imperfect, and that various forms of mental disturbance will be found to belong—in some respects to one, in some respects to another division of the classification. In certain cases the etiological factors are so prominent that they are instinctively classified according to their causes. In some symptomatic, and in others somatic features predominate, and until the time arrives when we shall have a clear knowledge of the pathology of insanity we must despair of a perfect classification. When that time arrives, if it ever does, then even we shall be met by the difficulty resulting from the fact that similar mental states may be caused by the same apparent condition of nerve disease or degeneration.

Dr. Savage groups his cases as follows:

> "Hysteria—mania. Hypochondriasis—melancholia.
> "Dementia, general and partial, primary and secondary.
> "States of mental weakness—chronic mania and melancholia, recurrent insanity, delusional insanity, general paralysis of the insane.
> "Paralytic insanity—epileptic insanity.
> "Puerperal insanity—postconnubial, puerperal, lactation.
> "Toxic insanity—alcohol, lead, opium, chloral, etc.,—gout.
> "Visceral insanity—renal, cardiac, and pulmonary.
> "Insanity with syphilis—myxœdema—Graves's disease—asthma—diabetes.
> "Idiocy in its various degrees."

Before giving his own classification he gives that of the College of Physicians of London, which he calls the ideal classification.

The chapter on causes is an interesting inquiry into the assigned causes of insanity—predisposing and exciting, general and special.

Following the chapter upon causation, Dr. Savage takes up, in the order of his classification, the various forms of insanity and discusses them in an able manner.

The author is not only an able clinical teacher but an experienced pathologist. His experience in the wards of Bethlem and in the pathological laboratory have not led him to take a very optimistic view of our present knowledge of the pathology of insanity. He says in one of the earlier pages:

> "I may say that, with my experience of years, and after seeing many hundreds of *post-mortem* examinations of the bodies of the insane, I have met with few coarse changes within the skull, and even with the higher powers of the microscope all that can often be detected may be evidences of change in the nutrition of the connective tissue of the brain."

As regards the future, he is more hopeful; he says:

> "The time will come when the inter-relations between the millions of nerve cells with their manifold processes, and their dependence for healthy action upon healthy blood and pure air, will be better understood."

He likens the brain to the kaleidoscope, in which the pattern of the image changes while the parts remain the same, being simply changed in their relations to each other.

When will the physiologist or pathologist appear who shall teach us to recognize the characters and determine the causes of these changes of relation? And when shall we be taught how to restore the parts to their original pattern?

In view of the recent publication of Dr. Earl's work on the *Curability of Insanity*, Dr. Savage's remarks upon the subject are of interest:

> "There is, in fact, a very strong feeling prevalent that a patient once having had an attack of insanity is never cured under any circumstances. This I shall oppose entirely; but I acknowledge that a very considerable proportion are maimed in one way or another by an attack of insanity."

In the matter of treatment, Dr. Savage will be found to agree in all essential matters with the practice of the better asylums of the United States. He is in favor of asylum care for the majority of cases, as affording the best hope of recovery. Of home care, he says that it is "only suitable for cases in which there is a hope of speedy recovery, and where there are judicious friends and sufficient space." Except in special instances he deprecates what is called "single care," and is convinced that other things being equal, more patients get well when associated with others than when under single charge.

The manual is written in a pleasing style and can be read by those even of large experience with profit. It will be found to confirm by its well-digested clinical facts a doubtful opinion in the minds of some or to correct a mistaken conclusion for others. For the general practitioner, it perhaps presupposes too much an elementary knowledge of the subject, which, unfortunately, the majority does not possess, but even the general practitioner will find the work of great interest and value.

E. N. B.

LA LANGAGE INTÉRIEUR, ET LES DIVERSES FORMES DE L'APHASIE. Par GILBERT BALLET, Professeur agrégé a la Faculté de Médecine de Paris. Pp. xvi. 174. Paris: Germer Ballière et Cie, 1886.

INNER SPEECH AND THE DIFFERENT FORMS OF APHASIA. By GILBERT BALLET, Associate Professor of the Faculty of Medicine in Paris.

ON APHASIA; BEING A CONTRIBUTION TO THE SUBJECT OF THE DISSOLUTION OF SPEECH FROM CEREBRAL DISEASE. By JAMES ROSS, M.D., LL.D. Pp. ii. 128. London: J. & A. Churchill, 1887.

EACH of these attractive little volumes presents, in a clear and comprehensive manner, the results of recent investigations, both clinical and pathological, upon the interesting condition of disturbance of speech.

Ballet approaches the subject from the psychological side, and discusses the mental processes involved in spoken language. He shows that men differ from one another in the manner, as well as in the matter, of their thinking. Some listen to the ideas as they flow through the mind, hearing the murmur of the stream of thought (les auditifs). Others are spectators of a series of mental pictures, and are continually watching the changes that pass before the mind's eye (les visuels). Others still, can only grasp an idea by a sort of inward effort of articulation, a silent process which, in children, is often evident in the motion of the lips which accompanies early attempts at reading (les motifs). Thus, in our inward speech there are various elements, one of which predominates in every one.

This may become more evident if Charcot's analysis of the mental constituents of the idea "bell" be considered. This idea, like that of any other object, is made up of a number of mental pictures. There is the picture of the appearance of the bell—the visual memory; there is the picture of the sound of the bell as it rings—the auditory memory; there is the picture of the sound of the word "bell" when spoken—the word-hearing memory; there is the picture of the word "bell" as printed